13 5 OG		10 221,436			
FOR NUMBER FILED	(Column 2)	SMALL ENT	ITY OR	OTHER THAN	1
(37 OFR (.16(a)) RCS	NUMBER EXTRA	RATE	FEE	SMALL ENTIT	· ·
(37 OFR 1.16(c)) (NOEPENOEUS 20 -	1	1 25 3	OR	RATE - FE	·
2 (Plans)	. /	x:23 x:100	OR	x s <u>50</u> .	
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))		+5.180	OR I	,200	
If the difference in column 1 Is tess than zero, enter "0" in column 2.		TOTAL	OR .	360	
DOLOB (COMM)			OR .	TOTAL	
< CLAIMS	Column 2). (Column 3)	SMALL ENTITY	OR	OTHER THAN	
AFTER PRI	UMBER PRESENT VIOUSLY EXTRA	RATE ADE		BATE SMALL ENTITY	
O (3) CFR (.NICH Minus	30	1,25 FEE		ADD THONAL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CU	x s 100.	OR KS	20		
	UM (37 CFR 1.16(d))	+s 180=	OR + 5		
(Column 1) (Co	olumn 2) (Column 3)	ADO'L FEE	OR ADDI	FEE C	
REMAINING HIGH	HEST MBER PRESENT OUSLY EXTRA	RATE - ADDI-	7 –		
C DI can Later . Minus	FOR a	TIONAL FEE	J . L .	TIONA	
Σ	=	×3100=	OR x 5) ()
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+ 5 180=	OR x s 20	==L	7	
(Column 1) (Colum		ADOL FEE	OR ADDIE) .
	ST PRESENT	RATE ASS	7	0	7
REMAINING AFTER NUMBER PREVIO PAID FOR 1.1668 Minus	OR	TIONAL	RATE	ADDI- TIONUL	
E DI GER C. LEGALI . Minus	1= 7	25	OR x 50	F€€	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<u>;100.</u>	OR x 5 200	:		
If the entry in column 1 is less than the entry in column if the "Highest Number Previously Paid For in True	7. write "0" in column 3	STRO. OTAL DOLFEE	OR 4 30C		
If the "Highest Number Previously Paid For In THIS SPACE is less than 2, enter "20" This collection of Information is required by 37 CFR 1.16. The information is required to other including although an application. Confidentiality is the information is required by 37 CFR 1.16. The information is required by 37 CFR 1.16. The information is required by 37 CFR 1.16. The information is required to other adjusted by 37 CFR 1.16. The information is required to other adjusted by the column of the appropriate box in column to including adjusting the same adjusted.					

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to fite (and by the including gathering) preparing, and submitting the completed application form to the UspTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, 8.O. Box 1450, Alexandria, VA 22313-1450.

The Highest Number Previously Paid For [Total or Independent] is the highest number tound in the appropriate box in column 1.

This collection is estimated to kind the fit (and by the individual case) individual case. Any comments and Trademark Office, U.S. Department of Commerce, 8.O. Box 1450, Alexandria, VA 22313-1450.

DONOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800.P FO.9199 and select option 2